## FORM 5B-1 Design Quality Audit Form

Submittal:	RFC	_	
		Segment/	
Discipline:	Walls	Element: Wall 09.05RB	
Document Name:	Wall_09.05R-B-FDC054_Plans	s_RFC_QC	
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Originator:	IMR	Company: Wood	
Remarks:			
QA Completion			
-		All comments have been addressed	
		Correct Color Code used	
		Check Print Stamp is complete  Documents are updated per comments	
		Check Prints saved to correct folder	
I verify that the I-405 QA/QC Procedures have been followed and all necessary QA/QC			
	documentation have been su	bmitted.	
Auditor Name:	Name: Doug Peters Company: Wood		
		1.	
Signature:	a. white	Date:	2021-12-23
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